

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>9-23-05</u>		2 Serial/Patent # <u>10/532228</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$100.00 <i>rk</i>							
		8 TO BE REFUNDED BY:									
10 REASON:		<input type="checkbox"/> Treasury Check									
<input checked="" type="checkbox"/>	Overpayment	<input type="checkbox"/> Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1"><tr><td>5</td><td>0</td><td>--</td><td>2</td><td>8</td><td>6</td><td>6</td></tr></table>			5	0	--	2	8	6	6
5	0	--	2	8	6	6					
	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Barbara Campbell</u>		TITLE: _____									
SIGNATURE: <u><i>Barbara Campbell</i></u>		PHONE: _____									
OFFICE: <u>PCT/DO/EO</u>											
***** Rep'n. Ref: 09/26/2005 BCAMPBEL 0019505300 ***** FC: 9204 \$100.00 CR *****											
THIS SPACE RESERVED FOR FINANCE USE ONLY:											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: